

9429300 HL

Uniform Residential Loan Application

This application is designed to be completed by the applicant and submitted to the lender's addressee. Applicants should complete this form in "true, accurate, and complete" manner. The information provided on this form will be used by the lender to evaluate the applicant's creditworthiness and to determine the terms and conditions of the loan. The applicant warrants that the information provided is true, accurate, and complete to the best of their knowledge and belief. The lender will use the information provided to make a decision on whether to approve the loan and, if approved, to determine the terms and conditions of the loan.

Applicant Information

Name: UNIVERSITY OF TEXAS AT AUSTIN Address: 3120 N. MEADOW ROAD, AUSTIN, TEXAS 78705

City: AUSTIN State: TX Zip: 78705

Phone: (512) 475-1234 Fax: (512) 475-1234

Loan Information

Loan Type: First Mortgage Loan Amount: \$1,500,000.00

Interest Rate: 3.750% Term: 360 Months

Estimated Monthly Payment: \$5,123.00

Employment Information

Employer: UNIVERSITY OF TEXAS AT AUSTIN Position: PROFESSOR

Employment Start Date: 01/01/2010 Employment End Date: 12/31/2020

Income Information

Annual Income: \$150,000.00 Monthly Income: \$12,500.00

Assets Information

Asset Type: Cash Asset Value: \$100,000.00

Liabilities Information

Liability Type: None Liability Value: \$0.00

Signatures

Applicant Signature: [Signature] Date: 05/08/19

Lender Signature: [Signature] Date: 05/08/19

8155432

81.5M

3/26/12

LH 0036277

p.4

4844163433

DIDIO

Apr 13 12:01:22p

Employee Information Form

Section 1: Personal Information

Name: [Redacted] Date of Birth: [Redacted] Social Security Number: [Redacted]

Section 2: Employment Information

Employer: [Redacted] Position: [Redacted] Start Date: [Redacted]

Section 3: Compensation Information

Hourly Rate: \$ [Redacted] Annual Salary: \$ [Redacted]

Section 4: Tax Information

Filing Status: [Redacted] Tax Withholding: [Redacted]

Section 5: Other Information

Emergency Contact: [Redacted] Health Insurance: [Redacted]

LH 0036278

p.5

4844163433

DJL

Apr 13 12:01:23p

PDF

Form with multiple sections including: Personal Information, Employment History, Financial Information, and Signature. Includes handwritten entries and stamps.

Personal Information

Name: [Redacted]
Address: [Redacted]
City: [Redacted]
State: [Redacted]
Zip: [Redacted]

Employment History

Employer	Start Date	End Date	Position	Salary
JOHN DEERE	1980	1985	Operator	\$12.00
JOHN DEERE	1985	1990	Operator	\$15.00
JOHN DEERE	1990	1995	Operator	\$18.00
JOHN DEERE	1995	2000	Operator	\$20.00
JOHN DEERE	2000	2005	Operator	\$22.00
JOHN DEERE	2005	2010	Operator	\$24.00
JOHN DEERE	2010	2015	Operator	\$26.00
JOHN DEERE	2015	2020	Operator	\$28.00

Financial Information

Assets: [Redacted]
Liabilities: [Redacted]
Net Worth: [Redacted]

Signature

Signature: [Redacted]
Date: [Redacted]

[illegible]

<p> Do not add water and if you have more than 1000 lbs. of water be- low nitrogen, then 10 lbs. more of 5-10-0 is required </p>	<p> Barren: UNUS DIO </p>	<p> Signify Date Harvest Local Area Market </p>
<p> Co-ordinator: MARIA J. GRAY </p>		

Additional Cash Deposits

Cash Deposit Held By	Value
	.00

Line#	Address	Additional Note	Additional
1	LAKE SHIRAZ P.O. 3 10504 GREENVILLE SC 2903	Account #7796 Monthly Payment Month's Late Impact Balance	
		CHARGE2 DUE CARRIED ACCOUNT	\$815.00
2	ABC ACCOUNT RESOLUTION		
		OTHER LIABILITY	\$709.00
3	NET CREDIT 800 11 E 36 GREENWAY RD NEW YORK NY 1016		
		OTHER LIABILITY	\$449.00
4	CHURCH COLLECTING SVC C/O P O BOX 120 BETH BETHUN NJ 08091		
		OTHER LIABILITY	\$316.00
5	ABC INC PO BOX 1513 PITTSBURGH PA 15101		
		OTHER LIABILITY	\$272.00
6	PRIMECAP EIGHTH BANK		
		ACCOUNTING ERROR	\$265.00 * 5/6
7	CHURCH AUTO 309 NINE PARK HW 1042		
		DEBITMENT	\$1,251.00
8	ABC INC ABC SERVICE PO BOX 12345678 FL 33329		
		RECEIVING	\$256.00
9	CHURCH AUTO NEW HDS PARK CT 1082		
		DEBITMENT	\$872.00
10	ABC INC PO BOX 123456 NEW HANOVER FL 33329		
		RECEIVING	\$138.00
11	CHURCH AUTO NEW HDS PARK CT 1082		
		DEBITMENT	\$14,877.00
12	ABC INC PO BOX 123456 NEW HANOVER FL 33329		
		RECEIVING	\$6,969.00
13	CHURCH AUTO NEW HDS PARK CT 1082		
		DEBITMENT	\$125.00
14	CHURCH AUTO NEW HDS PARK CT 1082		
		DEBITMENT	\$3,506.00

It is further stated that it is so ordered & done & deliverable by me or my clerk or agent, at both, to be and every party any such subpoena, or process, or writ of any of the above

[illegible]Pharm Jnl Form - 103 GC
Pharm Jnl Form - 103 GC
Pharm Jnl Form - 103 GC**Figure 1**

Click on the PDF icon to download the PDF version of this document.

LH 0036281

4844163433 p.8

Apr 13 12:01:25p DIDio

PDF

Printed Name: [Name] Printed Date: [Date]
 Printed Address: [Address]
 Printed City/State/Zip: [City/State/Zip]
 Printed Phone: [Phone]
 Printed Email: [Email]
 Printed Signature: [Signature]
 Printed Date: [Date]

Additional Joint Liabilities			
Name/Address	Account #/Type	Monthly Payment	Months Late
JAMES J. GREEN	GREEN LIABILITIES	\$ 0.00	\$413.00
JAMES J. GREEN	GREEN LIABILITIES	\$ 0.00	\$236.00
JAMES J. GREEN	GREEN LIABILITIES	\$ 0.00	\$204.00